Wisconsin Tax Information Referral Form

INFORMATION ON INDIVIDUAL				INFORMATION ON BUSINESS				
Person's name				Business name				
Street address				Street address				
City		State	Zip	City		State	Zip	
Social security number		Date of birt	th	Employer identification	ation number			
Occupation				What kind of business? (e.g., grocery store)				
Marital status (check one)								
Married Single Head of household								
Divorced Separated Name of spouse, if applicable								
1. Type of tax	violation (check all	that apply	<u>'</u>)				_	
Income	e tax or withholding	tax	Sales and use	tax C	Corporation franchi	se/income	tax Other	
2a. Amount of ι	unreported income	and tax ye	ars (fill in tax ye	ars and dolla	r amounts, if know		2006, \$20,000)	
TAX YEAR	AMOUNT	TAX YEAR	AMOUNT	TAX YEAR	AMOUNT	TAX YEAR	AMOUNT	
	\$		\$		\$		\$	
	records available?		☐ Yes	□ No	uku whu?			
•	sider the taxpayer on cial institutions us	Ü		No If	yes, why?			
Name		ed by taxp	ayer.	Name				
Address			Address					
City		Stat	te Zip	City		State	e Zip	
Ony		Oldi		Only Only			J 2.15	
7. If we have a	cribe how you learn additional questions It to remain anonym	s, can we d		ormation in th	nis report <i>(attach 2n</i>	d page if mo	re space is needed).	
Your name				Mail this	form to: Wiscons	sin Departm	nent of Revenue	
Address			-	Audit Bureau, Unit E, MS 5-144 PO Box 8906				
City		State	Zip	+		n WI 53708	3-8906	
Telephone number (i	include area code)			_	3-267-0834		266 6620	
				Question	is about this form	ı. Ualı 608.	·∠00 - 0039	

P-626 (N. 1-10) Wisconsin Department of Revenue

2.	Comments.	Briefly describe who, what, where, when and how.
6.	Please desc	cribe how you learned and/or obtained the information in this report: